

CJA 24 (REV. 10/99)						AUTHORIZATION AND VOUCHER FOR PAYMENT OF TRANSCRIPT		VOUCHER NO. FLST2000539	
1. JURISDICTION <input type="checkbox"/> MAGISTRATE <input type="checkbox"/> DISTRICT <input type="checkbox"/> APPEALS <input type="checkbox"/> OTHER				2. MAG. DOCKET NO.		PAID BY Gv11bcl00		ACCTG. CLASS. NOS.	
3. DISTRICT DOCKETING NO. 00-6273-CR-Huck				4. APPEALS DOCKET NO.		5. FOR (DISTRICT/CIRCUIT) SD FL		DATE PAID 11/21/00 MJ	
6. IN THE CASE OF USA vs. Aden Todd Silverman									
7. PERSON REPRESENTED Aden Todd Silverman				8. LOCATION/ORGANIZATION CODE SD FL M.					
9. PROCEEDINGS IN WHICH TRANSCRIPT IS TO BE USED (DESCRIBE BRIEFLY) Prepare for trial and cross examine witness at trial									
10. PROCEEDINGS TO BE TRANSCRIBED (DESCRIBE SPECIFICALLY) NOTE: Trial transcripts are not to include prosecution opening statement, defense opening statement, prosecution rebuttal, voir dire or jury instructions, unless specifically authorized by the Court (see Box 13C). 10/5/00 Retrial Detention Before Judge Banstra Banstra									
11. ATTORNEY'S STATEMENT As the attorney for the person represented who is named above, I hereby affirm that the transcript requested is necessary for adequate representation. I therefore request authorization to obtain the transcript services at the expense of the United States pursuant to the Criminal Justice Act. M.cheel G Smith SIGNATURE OF ATTORNEY [Signature] DATE 10/24/00 ATTORNEY'S TELEPHONE NO. 954-764-0033 <input type="checkbox"/> FPD <input type="checkbox"/> CDO <input checked="" type="checkbox"/> PANEL ATTORNEY <input type="checkbox"/> RETAINED ATTORNEY <input type="checkbox"/> PRO SE					12. COURT ORDER Financial inability of the person represented having been established to the Court's satisfaction, the authorization requested in Item 11 is hereby granted. SIGNATURE OF JUDGE OR MAGISTRATE [Signature] FILED BY [Signature] DATE 11/27/00				
13. SPECIAL AUTHORIZATIONS									
A. Apportion % of transcript with					14. JUDGE'S INITIALS				
B. <input type="checkbox"/> Expedited <input type="checkbox"/> Daily <input type="checkbox"/> Hourly Transcript					14. A.				
C. <input type="checkbox"/> Prosecution Opening Statement <input type="checkbox"/> Prosecution Argument <input type="checkbox"/> Prosecution Rebuttal <input type="checkbox"/> Defense Opening Statement <input type="checkbox"/> Defense Argument <input type="checkbox"/> Voir Dire <input type="checkbox"/> Jury Instructions					14. B.				
D. <input type="checkbox"/> In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act.					14. C.				
					14. D.				
CLAIM FOR SERVICES									
15. COURT REPORTER/TRANSCRIBER STATUS <input type="checkbox"/> Official <input checked="" type="checkbox"/> Contract <input type="checkbox"/> Transcriber <input type="checkbox"/> Other					18. PAYEE'S ADDRESS (INCLUDE CITY, STATE AND ZIP CODE) 172 W Flagler St. #325 Miami FL 33130				
16. FULL NAME OF PAYEE ACCURATE REPORTING SERVICES, INC					19. TELEPHONE NO. AREA CODE () NUMBER				
17. SOCIAL SECURITY OR EMPLOYER ID. NO. OF PAYEE 59-1115424									
20. TRANSCRIPT	INCLUDE PG. NOS.	NO. OF PAGES	RATE PER PAGE	SUB-TOTAL	DED. AMT. APPORTIONED	TOTAL			
A. Original	20	20	\$ 3	\$	\$	\$ 60			
B. Copy	45	44	\$.75	\$	\$	\$ 33			
C. Expenses (Itemize):						\$			
21. CLAIMANT'S CERTIFICATION I hereby certify that the above claim is correct and that I have not claimed or received payment from any other source for the services rendered and claimed on this voucher. SIGNATURE OF CLAIMANT [Signature] DATE 11/9/00					22. CERTIFICATION OF ATTORNEY OR CLERK I hereby certify that the transcript was received. SIGNATURE OF ATTORNEY/CLERK OF COURT [Signature] DATE 11/13/00			23. TOTAL CLAIMED \$ 93.00	
24. APPROVED FOR PAYMENT SIGNATURE OF PRESIDING JUDICIAL OFFICER [Signature] DATE 11/26/00					25. AMT. APPROVED 93.00				